

 <b>United States Environmental Protection Agency</b> <b>Underground Injection Control</b> <b>Permit Application</b> <i>(Collected under the authority of the Safe Drinking Water Act. Sections 1421, 1422, 40 CFR 144)</i>										<b>I. EPA ID Number</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 20%; text-align: center;">T/A</td> <td style="width: 20%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">U</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>					T/A	C	U		
	T/A	C																	
U																			
<b>Read Attached Instructions Before Starting</b> <b>For Official Use Only</b>																			
Application approved			Date received			Permit Number			Well ID			FINDS Number							
mo	day	year	mo	day	year														
II. Owner Name and Address								III. Operator Name and Address											
Owner Name								Owner Name											
Street Address						Phone Number		Street Address				Phone Number							
City				State		ZIP CODE		City				State		ZIP CODE					
IV. Commercial Facility				V. Ownership				VI. Legal Contact				VII. SIC Codes							
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Other				<input type="checkbox"/> Owner <input type="checkbox"/> Operator											
VIII. Well Status (Mark "x")																			
<input type="checkbox"/> A  Operating		Date Started mo    day    year <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> B. Modification/Conversion				<input type="checkbox"/> C. Proposed											
IX. Type of Permit Requested (Mark "x" and specify if required)																			
<input type="checkbox"/> A. Individual		<input type="checkbox"/> B. Area		Number of Existing Wells				Number of Proposed Wells				Name(s) of field(s) or project(s)							
X. Class and Type of Well (see reverse)																			
A. Class(es) (enter code(s))		B. Type(s) (enter code(s))		C. If class is "other" or type is code 'x,' explain						D. Number of wells per type (if area permit)									
XI. Location of Well(s) or Approximate Center of Field or Project												XII. Indian Lands (Mark 'x')							
Latitude			Longitude			Township and Range								<input type="checkbox"/> Yes <input type="checkbox"/> No					
Deg	Min	Sec	Deg	Min	Sec	Sec	Twp	Range	1/4 Sec	Feet From	Line	Feet From	Line						
XIII. Attachments																			
(Complete the following questions on a separate sheet(s) and number accordingly; see instructions) For Classes I, II, III, (and other classes) complete and submit on a separate sheet(s) Attachments A--U (pp 2-6) as appropriate. Attach maps where required. List attachments by letter which are applicable and are included with your application.																			
XIV. Certification																			
I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)																			
A. Name and Title (Type or Print)												B. Phone No. (Area Code and No.)							
C. Signature												D. Date Signed							